

The Fortnightly REVIEW *of*

THE CHICAGO DENTAL SOCIETY

March 15, 1952

Volume 23 • Number 6

The Public Relations Factor in Collecting Bills

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(Editor's Note: *The following article, reprinted in its entirety from the February 2, 1952 issue of the J. A. M. A., treats a subject that is near to our hearts and dear to our pocketbooks. It is extremely worthwhile and timely reading and we heartily recommend that it be read and studied. Full credit is hereby given to both the author and to the American Medical Association.)*

My association with the profession has been influenced, in part, by a bit of bad medical public relations. A member of my family had been under the care of our family physician, and, on the occasion of an office call, he advised consultation. He walked us across the street to a specialist, who made a brief examination. I received a bill from the family doctor marked "for professional services rendered." The amount seemed reasonable, considering the fact that the service of a specialist had been involved. This, you understand, happened when I was uninitiated into the ways of professional practice.

Thirteen months afterward I received a bill from the specialist for \$25. I was angry, and I called the family doctor. "Yes, the charge was in order," he reported. His bill did not include the specialist's fee. He calmed me down some-

what, but he himself did not escape some of my resentment for this unexpected jolt. He should have told me at the time that the specialist would render a separate bill, it seemed to me, and the specialist had done me an injustice by his delayed billing. With my check, I enclosed a letter that plainly indicated that the good doctor's public relations had not been enhanced by the transaction.

At the time of this incident, I was giving consideration to starting a service of business management for doctors in Columbus, and the experience helped to confirm my belief that doctors needed my management service. For two years, I operated a private business service for doctors, which, in addition to better control of the doctor's accounts receivable problem, also included income tax work, monthly practice analysis, and a general consultation service in business and professional matters.

During this period I learned a lot about the public relations aspect of medical practice and was challenged by the need for a broader and more comprehensive type of service. The result was the organization, in January, 1935, of the Columbus Bureau of Medical Economics, which was one of the first professionally controlled multiple service bureaus for physicians in the country. The management service I had previously rendered

became a department of the new bureau, to which were added such additional functions as a 24 hour telephone answering service, a collection department, a professional budget plan, centralized bookkeeping and credit reporting.

In 1936 we took dentists into the organization, which is operated as a non-profit service corporation under official approval of both the academy of medicine and the dental society. It is controlled by a board of trustees elected by the physicians and dentists who are members of the bureau. We have 48 persons on our staff, and we occupy an office suite of approximately 4,000 square feet.

Early in our operations we felt that the bureau's usefulness could be extended beyond the scope of the individual doctor's office and invited the academy of medicine to use our office as permanent headquarters. All of our facilities and personnel were placed at the academy's disposal. For the past 17 years, I have served jointly as director of the bureau and executive secretary of the academy.

Unquestionably, this close affiliation between the academy and the bureau has been of great advantage to both organizations. It has enabled the academy to enjoy adequate administrative and office facilities to meet the need for an ever-expanding program, and at a cost far below the amount necessary to duplicate the service on an independent basis. It has enabled the bureau to integrate its functions closely with the needs of the profession, with due regard to the public relations factor in all phases of the business service rendered.

Out of this experience I hold a deep conviction that the chief public relations factor in bill collecting relates to the doctor's own office rather than the collection agency. Expressed in another way, we might say that good public relations—like charity—begin at home, and that doctors themselves are responsible for much of the bad public relations growing out of collecting their fees.

The personal experience related above is by no means an isolated case. Long-delayed billing is not so prevalent as it

was 25 years ago, but it remains a fundamental weakness in many offices. In a recent county medical society bulletin, a report of the grievance committee was given. Grievance No. 4 related to a complaint about an anesthesia bill for \$44.50, received eight months after service. The debtor had no knowledge of the service, and the amount seemed stupendous. Investigation by the committee cleared the doctor, but the report contained two significant comments: 1. Had the surgeon advised the patient about the service of the anesthesiologist, there probably would not have been a complaint. 2. Careless handling of the charge, as reflected by the eight months' delay in billing, contributed to the complaint. This is another typical example of bad public relations unnecessarily incurred by poor business methods in the doctor's office.

Sporadic billing and little or no follow-up of slow accounts are other factors accounting for bad public relations. Delinquency in regular billing begets delinquency in payment. By a loose system of billing and follow-up of accounts the doctor invites slow pay and possibly utter disregard of the obligation. A serious delinquency should not be charged against a patient until he has been made conscious of what is expected of him in the way of payment.

The climax in these situations, public relations-wise, comes when the patient, lulled into indifference by the doctor's unbusiness-like office procedure, suddenly learns that his old account has been turned over to a collection agency. Often such accounts are paid promptly, but with a sullen protest that is harmful to the profession. Frequently they are complicated by complaints, as the value of professional service varies in inverse ratio to the time when it was rendered, especially if the bill has been turned over for collection. An account should not be placed with an agency, and it is an injustice to the patient to do so, unless and until the doctor's own office is certain that it cannot be collected in any other way.

Poor business procedure often back-

fires against the doctor in another area of neglect. It is not possible for the busy office, especially in larger cities, always to know about the indigent, the medically indigent, and the confirmed hardship cases. However, too often they are overlooked. Failure to obtain adequate information about a patient on the first call is often the cause. It is the responsibility of the doctor's office to determine which are the indigent patients whenever possible and to handle the charge accordingly. There is nothing more conducive to bad public relations than the reaction of the patient when bills of this character are turned over for collection.

There is another category of patients for whom doctor bills often present a distressing financial problem. I refer to the so-called white collar group—the clerks, stenographers, teachers, and low-to-medium-salaried persons. Most of them are self-supporting and manage to make ends meet by careful budgeting; however, a siege of sickness in the family or surgery is often a financial blow. They deserve consideration when costly medical care is required.

These observations are not mere generalities, they are supported by facts, and to get these facts I asked the manager of our collection department to make a careful sampling of the accounts in our files. The object was to determine why accounts are referred to us for collection. His finding follows, based on 1,612 accounts selected at random from our collection files.

WHY ACCOUNTS ARE REFERRED FOR COLLECTION

Inadequate Handling in Doctor's Office.—There were 656 cases (41%) in this group. Delinquency here was due to delayed or irregular billing, incomplete data when account was set up, charge not made to responsible party, misunderstood services and charges (consultation, anesthesia, x-ray, lab fees, and industrial claims), no discussion about payment arrangements, extreme age of accounts, etc.

Hardship Cases.—In this group, there

were 353 cases (22%), including patients unable to pay owing to indigency or medical indigency, illness, age, or domestic problems, and those able to pay adjusted fees, or possibly the full amount, if time or a payment plan were offered to tide them over temporary emergencies.

Dissatisfied Patients.—Of those dissatisfied with services, there were 73 patients (5%), and of those dissatisfied with amount of charges, there were 79 (5%).

"Deadbeats" and Reasons for Delinquency Not Known.—There were 148 cases (9%) of "deadbeats" and 303 (18%) cases in which the reason for non-payment was not known. The latter group paid or agreed to pay without protest. Their delinquency was probably due to neglect or "slow-pay" habits.

These findings speak for themselves and confirm our contention that good public relations in bill collecting begin at home. In the first two categories, we find that 63 per cent of the accounts surveyed represent delinquencies that might have been controlled in the doctor's office. Expressed another way, and generalizing from this survey, it indicates that 63 per cent of the medical accounts referred to collection agencies are needlessly subjected to this Public Relations hazard. If this seems high, let us be conservative and adjust this figure to allow for error and make it 50 per cent instead of 63 per cent. The result still stands as a severe indictment of the way professional men handle the business side of medical practice.

Now that we have challenged the doctors to do a better business job in their own offices, in the interest of better public relations, let us examine the part that agencies play in this picture. In the first place, it should be acknowledged that there is a definite place in professional practice for use of a reliable and properly operated collection service. Persons who are normally self-supporting and pay for other services and commodities should also pay the reasonable cost of medical care. The willful "deadbeat" and the irresponsible patient should not receive

"free" medical care through nonpayment of their account. To permit them to do so is gross discrimination against the punctual patient. The judicious use of a responsible collection service is advisable not only to protect the doctor's financial interest but also to insure fairness to the conscientious debtor who pays satisfactorily.

Granting this premise, how, then, should an agency be selected so that the vital public relations factor can be protected in this delicate service?

There is much to be said for the professionally controlled collection service. The number of such bureaus is increasing, prompted largely by the profession's growing consciousness of the public relations factor in bill collecting. The pattern of the multiple service bureau, which we long ago established in Columbus, has also demonstrated its usefulness, public relationswise, in the operation of services other than collections. The emergency call service is extremely important. Centralized bookkeeping and professional management both help to eliminate some of the previously mentioned unbusinesslike methods that alienate patient goodwill. Our professional budget plan contributes to good public relations. Our slogan is, "We would rather prevent bad accounts than collect them." One of the great assets of the professionally owned or controlled business bureau is its ability to do a professional relations job in every service rendered.

Last year Mr. Rember, of the A. M. A. Public Relations Department, made a survey among county medical societies to check their attitude toward collection services. One question was: "Do you think a society operated collection service can do a better job public relationswise than a private bureau?" Sixty per cent of the replies said "yes," thirty per cent said "no." Ten per cent had no opinion.

The general feeling was that the professionally controlled bureau better understands the special approach and the methods required to protect the doctor-patient relationship and preserve good-

will. It is presumed that these bureaus, because they operate within the profession, will be more considerate of the patient and deal with him on the basis of protecting the vital public relations factor. It is pointed out that the commercial agency is likely to be exclusively concerned with the money return and to exact every possible dollar, regardless of the circumstances back of the delinquency.

My observation, however, is that not all professionally controlled bureaus are as public relations conscious as they should be. Some appear to justify their existence by cut-rate collection costs, which is wrong, for this factor should never be the primary consideration in operating a bureau. And the methods used by others are only slightly less objectionable than those used by many private collection agencies. The majority of such bureaus, however, deserve the full support of the profession, because they know and understand the vital importance of public relations in collecting doctors' accounts.

Since it is not practical to organize professionally controlled bureaus everywhere, certain societies are making another approach to the collection agency problem. Mr. Rember's survey revealed that the private bureau, of a certain type, was favored by 30 per cent of the societies responding to his questionnaire. Some are unquestionably operating in a thoroughly satisfactory manner and doing a good Public Relations job. This type of bureau is usually approved by the society or granted official recognition in return for concessions in operating policy that meet the special needs of the profession. A special committee of doctors may serve as liaison between the society and the bureau to consult with and advise the owner regarding policy and operating procedure. By group action, members of a county society may thus dictate and control the collection methods of a reputable private agency that is willing to cooperate with the society, to the mutual advantage and benefit of both parties. Such an arrangement is worthy of con-

sideration when local circumstances are favorable.

I have been connected with business bureau operations for 19 years and have studied this service in many cities. We have a National Association of Medical-Dental Bureaus, composed of both professionally controlled and privately owned bureaus that make a specialty of rendering business services to doctors. The purpose of the association is to develop higher standards in medical business bureau work, to promote a better understanding of how the special needs of the professional office may be met, and to exchange ideas for greater operating efficiency. The association has performed a useful function in developing business bureaus that deserve the confidence and support of the profession.

Out of my many contacts with bureaus of both types, I agree that it is possible for a privately owned bureau to serve the profession satisfactorily in the field of collections. To do so, however, the agency must be different from the many commercial agencies that are totally void of any appreciation of the delicate Public Relations factor in collecting for doctors. The management of the agency must know and understand the problems of professional practice and be governed by collection policies that conform to good public relations standards. The form or the type of organization best suited to handle professional accounts may be debatable, depending on local conditions, but what is not debatable is that the factor of public relations is vitally tied in with third party collection procedure and should be of prime consideration in determining the choice of an agency, whether it is professionally or privately controlled.

In our national association work, I have preached this gospel constantly. The professionally controlled bureaus usually follow this principle in collection work. We are endeavoring to have the private bureau use this approach also. It is disconcerting, however, to have some of these bureaus challenge our public relations gospel by insisting that the

doctors demand results rather than reports. Unfortunately, this is true in many cases. While the A. M. A. is stressing good public relations in bill collecting, the "grass roots" doctor does not yet realize that a lot of public relations dynamite is tied up in the way his bad accounts are handled when they leave his office. It is difficult to expect the independent commercial agency to be more public relations conscious than are the doctors themselves.

Where neither professionally controlled bureaus nor approved private agencies are available, what, then, are the doctors to do about their bad accounts? Obviously, it is up to the individual doctor to select an independent collection service that he believes will most nearly handle the accounts in the right manner. Here are a few precautions that it might be well to remember when making such a choice: 1. Select a local agency with a reputation for reliability and good standing in the community. 2. The out-of-state and mail-order type of agency should be avoided. 3. Investigate the methods used, and ask to see the type of first notice and other follow-up material. 4. Check up on the ownership and financial responsibility of the agency and its promptness in settling for money collected. 5. As a general rule do not sign a contract—better agencies seldom use them. 6. Make sure that no legal action, or threat of such, will be taken without your consent. 7. Be sure the agency will be governed by your instructions to collect only within the scope of good public relations. 8. Have the agency agree to report cases deserving your special consideration and accept adjustment, withdrawal or cancellation of an account when, in your opinion, such action is advisable in the interest of good public relations.

If these standards cannot be met by any local agency it is better not to use any collection service at all. Money collected on bad accounts through the tactics of the unscrupulous and hard-boiled collection agency is a poor offset against the loss of good-will for the individual

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Physicians, Dentists and Pharmacists Unite For Political Action

The Interprofessional Committee of Cook County has again sounded the call to arms. Organized to uphold the American way of life and to oppose socialism in all its forms, the Committee proposes to enter the 1952 political campaign and support only those candidates for office who best uphold the American tradition.

For all practical purposes the American people will be called upon to choose between the free enterprise system and the socialistic state in the November election and it behooves the professional man to roll up his sleeves and enter the fray.

The Chicago Medical Society, the Chicago Dental Society and the Chicago Retail Druggists Association cannot legally participate in an election campaign but there is nothing to hinder the individual members of these organizations from organizing for political action. The Interprofessional Committee is such a group. It has set up an office in Room 1120, 25 E. Washington Street and has engaged a secretary and a political advisor. The Committee proposes to interview candidates on both the Republican and Democratic tickets. After careful screening, it will select the candidate in

each Congressional District who is best qualified, regardless of party affiliation. It is organizing subcommittees in each State Legislative District to interview candidates for State Office. After all candidates have been screened, recommendations will be made to the members of the professions. It will be up to the individual professional man, then, to do his part in seeing that these candidates are elected. He must not only vote himself but must urge everyone with whom he comes in contact to vote.

All this activity will cost money. The physicians and pharmacists already have their fund drives rolling. It will be necessary to raise at least \$50,000.00 from the three professional groups and their affiliates. Members of the dental profession will be just as hard hit as the members of the medical profession if socialism comes. Make no mistake about that. What you give now will not only help bring about your own salvation but may well mean that your children and your children's children will live under the free economy that should be their heritage. Make your check payable to: The Interprofessional Committee, and mail to Room 1120, 25 E. Washington Street, Chicago 2, Illinois.—J.H.K.

WE ARE SURE YOU WILL NOT WANT TO MISS FUTURE ISSUES OF THE FORTNIGHTLY REVIEW

Coming issues will contain many important articles on current legislation pending in Congress, as well as many timely scientific articles.

If your 1952 membership dues have not yet been paid, send your check to the Central Office NOW so that your name may be kept on the mailing list.

EDITORIAL

EDUCATION

Whom, then, do I call educated? First, those who manage well the circumstances which they encounter day by day, who possess a judgment which is accurate in meeting occasions as they arise and rarely miss the expedient course of action; next, those who are decent and honorable in their intercourse with all men, bearing easily and goodnatureedly what is offensive or unpleasant in others, and being themselves as agreeable and reasonable to their associates as is humanly possible to be; furthermore, those who hold their pleasures always under control, and are not overcome by their misfortunes, bearing up under them bravely and in a manner worthy of our common nature; finally and most important of all, those who are not spoiled by their successes, and who do not desert their true selves, but hold their ground steadfastly as wise and sober-minded men, rejoicing no more in the good things which have come to them through chance than in those which through their own nature and intelligence are theirs since birth. Those who have a character which is in accord with, not one of these things, but with all of them, these I maintain are educated and whole men, possessed of all the virtues of a man.—*Socrates—A36—338 B.C.*

AGAIN THE AGIN

We suppose that the doubting Thomas is one of the oldest figures in the tribulous history of mankind's hardfought emergence from the primordial ooze. No advance to our betterment has ever bourgeoned without the nagging whine of the prophesiers of the dire result, the incipient disaster. But, that those whose vision did lead us forward regarded all the voices raised against them as just so much irritation, no more, is demonstrated by one clear-cut fact: If the first man who had a vision had listened to the first reactionary we would all be living in caves today.

Instead, we have advanced through one age after another—sometimes rapidly, at other times with the glacial deliberation of Greenland's icy mountains. Today we are trying to advance still further, some in large ways, some in small. And, just as before, we have with us the doubting Thomases, the draggers of the feet, the calamity howlers. Here today we have the "wise and sober-minded men" striving in their little way to ease a burden of pain and arrayed against them we have all the organized crowd of vociferous claptrap mouthing their little impedimenta of protest. No more than Voltaire would we deny them the voice, but why us? Why inveigh against all of the great professions who live by the creed to benefit mankind? Some place their answers in the name of their religion and to that entitled right we subscribe. Others wander down a twisted corridor of overweighted scientific data and to them we can offer a guiding light. But too much of this opposition to medical and dental advance arises from just pure orneriness—if only its purveyors would simply shut up and go home!

NEWS AND ANNOUNCEMENTS

NORTHWESTERN UNIVERSITY HOMECOMING

Northwestern University Dental School alumni will hold the annual Homecoming meetings on April 8 and 9, 1952, at the Dental School. The general program will be held Wednesday, April 9, with a large array of table clinics in the morning, a complimentary luncheon at noon, and with a scientific program, including the following speakers, in the afternoon: Dr. Raymond W. McNealy, Dr. Kenneth A. Bignell, and Dr. Eugene W. Skinner.

The Alumni School will be held on Tuesday, April 8, consisting of an all-day postgraduate course in the following subjects: Complete Denture, Oral Surgery, Periodontia, and Practice Management.

A small registration fee is charged for the Alumni School on Tuesday, but all alumni and ethical members of the dental profession are cordially invited to attend on Wednesday.

For further information, write to Dr. Warren R. Cedar, Secretary-Treasurer, Northwestern University Dental School Alumni Association, 311 E. Chicago Avenue, Chicago 11, Illinois.

UPTOWN DENTAL FORUM TO CELEBRATE FIFTH BIRTHDAY

This month the Uptown Dental Forum will complete five years of continuous Friday noon lunch and dental program meetings. In honor of this occasion, the Forum has planned a gala party at the new Club Hollywood for Tuesday night, March 25. A steak dinner, drinks, entertainment, dancing, souvenirs, and fifth anniversary program will be the order of the evening.

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As always, the Forum cordially invites all its friends to participate in this fifth birthday party as well as its Friday luncheons. Further information may be obtained by contacting the Forum president, Morrie Gerry, at Long Beach 1-3114.

DR. HERON TO SPEAK AT ALPHA OMEGA MEETING

Alpha Omega will present Dr. William T. Heron, professor of psychology at the University of Minnesota, at their meeting on March 19, 8:30 p.m., in the Parisian Room of the Midland Hotel, 172 W. Adams Street.

All members of the Society are cordially invited to this meeting.

NORTH SIDE BRANCH NOMINATES

The Nominating Committee of the North Side Branch of the Chicago Dental Society has submitted the following slate: President, Russell G. Boothe; vice-president, Joseph C. Ambrose and Edmund B. Kirby; secretary, Maurice S. Altus; treasurer, Robert B. Oppice; librarian, Donald G. Wise; director, Chicago Dental Society, Walter J. Nock.

PROTECT YOURSELF

Since many Chicagoland dentists were at the Midwinter Meeting early in February and have had their noses pretty close to the grindstone since then catching up with their practices, it might be that they overlooked a very important series of articles in the February issue of the *Journal of the American Dental Association*. Under the general heading of "The Dentist's Responsibility in the Fluoridation of Municipal Waters," it

reports a symposium conducted on this subject at the Washington meeting of the A.D.A. Since, as the preamble to the article states, it presents the subject from the various viewpoints of the researcher, the chemist, the general practitioner and the public health dentist, it adds up to a fairly complete rundown of all the pertinent information on the currently hot topic of fluoridation.

The Chicago Dental Society has long since recommended to the City of Chicago that the water supply here be fluoridated and as a result of a lot of quietly consistent plugging throughout the sixteen months since the recommendation was made, much official and unofficial interest has been aroused. In January, the Chicago Medical Society went on record concurring in support of fluoridation and the Chicago City Council is now conducting hearings on the pros and cons involved. Lay groups all over the city are requesting information and offering support in the civic undertaking.

The meaning of all this activity to the Chicago dentist is a very personal one because as more and more public attention is drawn to fluoridation, the more and more questions he is going to be asked regarding it. Reading the series of articles about fluoridation in the February issue of the *A.D.A. Journal* isn't going to make you an authority but it will enable you to get up on your feet and discuss the whole topic intelligently. Every dentist in Chicago should prepare himself to answer the questions of laymen about fluoridation. By so doing, he will, first of all, further a significant contribution to the dental health of the community and will, at the same time, enhance his prestige with all to whom he speaks concerning it.

PERMANENT PLAN GI POLICIES UNDER WAIVER OR SURREN- DERED FOR CASH VALUE

Recently-discharged veterans who were granted a waiver of only a part of their

premiums on their permanent plans of Government life insurance while they were in active service must act immediately after their release or separation to keep this insurance in force under full premium-paying conditions.

If the veterans surrendered their permanent plans of Government life insurance for their cash value on or after April 25, 1951, while they were in active service so as to take advantage of the free indemnity protection, they must act within 120 days of their release or separation to reinstate their policies or to apply for new permanent plan insurance.

As used in this article, permanent plans of Government life insurance mean any of the permanent plans issued under National Service Life Insurance or U. S. Government Life Insurance, such as ordinary life, 20-pay life, 30-pay life, and the various endowment plans.

Under the Servicemen's Indemnity and Insurance Acts of 1951 that became law April 25, 1951, persons in active military service on and after that date could take any one of three courses with their permanent NSLI or USGLI policies.

They could: (1) continue to pay the full premium as in the past; (2) apply for waiver of a part of their premium, or (3) surrender their policies for the cash value and be covered by the free indemnity protection.

Those who elected to pay the full premium must continue to do so immediately after release or separation from active service if they wish to keep their policies in force thereafter.

Those who were granted a waiver of part of their permanent plan premium (under Section 622 of the NSLI Act) were instructed to pay the full premium while they were in active service and VA would refund the waived portion.

When these persons are released or separated from active service, they should continue to pay the full premiums, when due, directly to Veterans Administration, Washington 25, D. C. That portion of the waived premium which is paid under this arrangement will be refunded, with

interest, for the period that the waiver is in force.

Those who surrendered their permanent plan policies for cash may adopt one of two courses of action if they wish to replace or restore the surrendered permanent plan of insurance. In either of these two courses, the requirements for reinstatement or issuance of new insurance must be met within 120 days following release or separation from active service. The two courses of action were:

1. They may apply to Veterans Administration, Washington 25, D. C., in writing, without a physical examination, for the issuance of a new permanent policy on the same plan and not in excess of the amount of the policy surrendered for cash, and pay the required premium; or,

2. They may reinstate their surrendered permanent plan of insurance, without a physical examination, by paying the required reserve and the premium for the current month. Applications for reinstatement should be mailed to Veterans Administration, Washington 25, D. C.

For further information, veterans should contact their nearest VA office as soon after separation or release from service as possible.

SOCIALIZED MEDICINE ABROAD DEPENDS ON EUROPEAN ECONOMY

The economic condition of the countries of Europe will determine whether socialization of medical care abroad will increase or decrease in the next few years, according to Dr. Austin Smith, editor of the *Journal of the American Medical Association*, recently returned from abroad.

"The degree of the socialization of medical care varies country by country," Dr. Smith said, "and the response to it varies in accordance with the occupational interest and the economic status of the individuals. England has a greater degree of socialized medicine than any

other country and its system, while it may be modified from time to time so that the people may pay more for what they get, will not be cast out by the present Conservative government or by any other government so long as the country has or gets the money to pay its huge cost."

As for European attitudes toward the United States, which he gathered in conversations with people in all walks of life, Dr. Smith summed up his impressions this way:

"In England, in Europe and in Scandinavia, there is lots of respect for the American people and for American industry. There is less regard for our government and its representatives and for our policies. The United States has a unique opportunity, through its industry, to win the good will of our friends abroad by making available to them the facts of our industrial life so that they can help themselves in their own problems of industrial restoration."

Analyzing the medical care systems of the various countries which he visited, Dr. Smith said:

"Denmark has a type of socialized medical care which its citizens insist is voluntary. Supervision and much of the cost of the system is at the community level, rather than the Federal level, so that the people can more easily make changes in the light of experience. Most of the country's hospitals are general hospitals maintained at the community level, but there are a few private hospitals. The cost of medical care is borne by the community, the Federal government and insurance plans to which all citizens earning less than 15,000 kroner a year must subscribe while those earning more may also do so, and most of them do.

"The medical care system in Norway is patterned after that of Denmark, but there is not the same freedom for the citizen or for the industries which serve the medical profession. Only about 1,600 medicinal preparations are permitted to be sold by the government's Advisory Committee. The government decides how many pharmacists may be permitted in any community, and strictly controls li-

censure. The country has a medical insurance plan that certainly is at least partly supervised by the government.

"The Swedish government is committed to a socialistic medical program and the majority of Sweden's doctors, while unhappy about the program, are part of it. A small number of physicians remain in private practice, but only 50 per cent of their practice at best is private. Once his patient enters the door of any hospital in the country, the physician hands over control of the patient to the hospital authorities who are part of the medical care system of the government.

"Switzerland's medical care system is somewhat like that of Denmark. Of the country's imported drugs, 80 per cent come from the United States, including all the antibiotics which the Swiss use. Vitamins and hormones, on the other hand, are locally manufactured. Its med-

ical care plan is primarily voluntary, covering most illnesses, but a percentage of the cost of medical care must be paid by the individual to prevent abuse.

"France has a medical care system under what Frenchmen call social security, which pays 80 per cent of the patient's bills. The individual, incidentally, pays the total bill for medical care, hospitalization or drugs, but gets an 80 per cent rebate from the social security organization.

"In Germany, medical care is wholly inadequate. Pharmacies have no recent drugs on their shelves.

"There has been much criticism in England of its socialized medicine, but many, perhaps most people, including its greatest critics, while not happy about it, are resigned to it. Modifications of the plan have already been made, with the people being required to pay for eye

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Illinois State Dental Society

88th Annual Meeting

May 19, 20, 21, 22, 1952

Springfield

Abraham Lincoln Hotel

In order to obtain accommodations at the headquarters hotel, we suggest that you mail a request for reservations as soon as possible.

NEWS OF THE BRANCHES

WEST SIDE

February seemed to be a popular month for vacations—and the sunny Southland the selected site for many of our fellow members. . . . I was happy to receive a card from George Frost, who is relaxing at Key West, Florida. George will return to Chicago at the end of March. Take note, men, it's 85 degrees in Key West. . . . Bill Walden spent time at the Mardi Gras in New Orleans. . . . Ed Rus was in Florida for 10 days. . . . Earl Boulger vacationed in Savannah, Georgia for a couple of weeks. . . . Those really sound like wonderful vacation spots for anyone in the market for a change of scenery—and what a change! . . . Speaking of a change of scenery, don't forget the annual excursion to Waukesha by the West Side Dentists. The trip begins on April 9th. If anyone is interested, contact Chick Vission or Al Sells. . . . Irwin Robinson is now settled in his new office at 108 South Pulaski. Norman and Bernard Rodin have new offices at 27 South Pulaski. Lots of luck to all of them. . . . Sam Kretshmer is up and around again. Hope it won't be long before he'll be able to resume his practice. . . . I'm pleased to report that Bob Bailey, Maurice Perlin, and Adolph Stark are back in their offices after recent illnesses. . . . Fred Porath is still ill. May we have news that he's completely recovered soon! . . . Leap Year Day, February 29th, holds an especial significance for Bill Gubbins for on that day he moved into the 2-flat building he purchased recently. Best of luck! . . . Stan Sherman is building a new home in Hollywood Park. He expects it to be completed by May in time for the arrival of "Papa" Stork. . . . Harold Epstein and Stan Sherman and their respective spouses spent a weekend in Oakton Manor in early March. . . . Chick Vission is remodeling his summer home in Nippersink. . . . Ben Berlin

warns that IT CAN HAPPEN TO YOU and IT DID HAPPEN TO HIM so PLEASE BE CAUTIOUS. A woman came into his office with a hard luck story and asked about having several teeth filled. Ben reports that she had a badly decayed upper left first molar and second bicuspid, and was in need of a filling in one of her anterior teeth on the same side. At the completion of the examination, she rose from the chair, and fell forward, throwing her arms around him. The outcome? About fifteen minutes after the woman left the office—Ben discovered she had *relieved him of his wallet*. Thanks, Ben, for your warning. I hope that the description of the situation will serve as an aid to any of us who may be visited by a woman with a very sad story—and the mother of five children. . . . Don't forget those post cards if you're on vacation. Just drop a line to me at 3203 West Madison Street.—*Carl Weiss, Branch Correspondent*.

KENWOOD-HYDE PARK

The deadline is again drawing near and, oh, was it ever a short month. This only gave us, who write these lines, but eleven days to get any news together. However, as ever, there is little news to be told of the boys around the district. It seems my good brother scribe, Howard Strange, is having the same difficulty as I in gathering news items. However, if any of you have any news, send it to Howard who will be writing this column for the next month. . . . Ken Johnson, located in Fort Hood, Texas, is being kept very busy as the War games called "Operation Longhorn" are now in full operation, sleep has been an objective that everyone seems to be short on. . . . Remember the CLINIC DAY of Kenwood to be held in April. We shall have clinics in the afternoon from 2:00 to

5:00 and cocktails or dinner and essayists in the evening. . . . Plan to spend an afternoon with your friends of Kenwood; you will not only find fellowship, but according to our Clinic Chairman, Ed Budill, a very enlightening program is in store for all of us. . . . Ben Herzberg, the orthodontist, is spending a week or ten days in Florida. Ben says the price is right. His brother-in-law has a new home and asked Ben and Mrs. Herzberg to come down. . . . Syl Cotter and Ed Budill gave a paper on "Modern Concept of General Anesthesia in Oral Surgery" before the staff of Mercy Hospital. Talk was well received and the medical men were very much taken with the work of oral surgery and the method of anesthesia as presented by two dentists.—*Lawrence H. Johnson, Assistant Branch Correspondent.*

NORTH SIDE

Comes the lull after the big storm. The last issue was loaded with news and now this issue is just barely surviving a terrific anemia. But there is always that which is important—it's the quality that counts and not the quantity. . . . A very important step in the professional career of Carl Gieler has just been attained: he has just passed the prosthetic board up at Milwaukee and has received his certificate qualifying him as such. We of the North Side are proud of you and trust you will keep up the excellent name that you have set up for yourself. We salute you in your achievement! . . . It has been interesting to note the grand work of Alderman Cillela in his presentation of the water fluoridation program to the Chicago City Council. We should watch the papers very closely, as men of the profession, to see where we can sway our influence so that our people receive the best that can be afforded them. The *Chicago Daily News* carried an interesting editorial on the subject on Friday, February 29. We should keep ourselves cognizant of these things so that we can take sides in problems that

definitely concern matters of our professional judgment. . . . LET'S KEEP OURSELVES POSTED . . . KNOWLEDGE IS THE ANSWER. . . . Why do I stress that so strongly??? Only because I recently had a discussion with some practitioners who very strongly stated that they saw no need for the fluorine treatments in the dental office. How can anyone make such statements when our literature so strongly supports this program all along the way? This would not have bothered me so much if the men were not recent graduates, but they were and this might indicate that they have started already to ignore those things that are printed in our literature for the benefit of our profession and our patients. It is an indication to me that we are probably not evaluating our dental literature closely enough. . . . I WONDER TOO IF ALL OF US ARE READING THAT WHICH IS PRINTED FOR OUR BENEFIT??? Let us all remember that old saying that "When the Great Scorer comes to mark against our name, He marks not whether we won or lost, but how we played that game." Turning that into our thought of the day, we should all stop and think and plan the work that we are to do, day by day, and make the changes that are necessary—to keep our profession always ahead and "breaking the tape" first. . . . LET'S KEEP DENTISTRY ON THE MARCH. . . . LET US BACK OUR SOCIETY. . . . AND FOR HEAVEN'S SAKE, MEN, LET'S GET OUT AND VOTE AT THE NEXT ELECTION. . . . LET'S KEEP AMERICA FREE.—*Herb Gustavson, Branch Correspondent.*

ENGLEWOOD

And a happy St. Pat's to you! Guess this would be a likely spot for a good Irish story, but can't think of one at present. In fact, the only story I can remember is the one about the fellow traveling down the country lane and it was getting dark so he turned into a

barnyard and asked the farmer to put him up for the night. The farmer said he would like to, but had no available rooms—unless the fellow would consider sharing a room with the redheaded schoolteacher. With this, the traveler drew himself up and said, "Sir! I am a gentleman." To which the farmer replied, "Well, what the heck's wrong with you? So is the schoolteacher!" . . . Saw Harold (The Champ) Hayes the other night, from whom we heard the above story. Why do we call him "The Champ," you ask? Well, Harold earned that title from the mean manner in which he swings a ping pong paddle. . . . A couple of our members have been hospitalized for surgery. Pete Christensen was at Billings and Gus E. Johnson in Roseland—ulcers and kidney stones, respectively. Ed Schwalen is back abed due to a coronary. We sincerely hope these three and anybody else 'wot's ailin' are well on the road to recovery by this issue date. . . . As one would expect during this season of the year, there has been a mass exodus of the rich and the near rich for the Southlands. Listed among these, see such names as Ralph Rudder—Florida & Cuba; Bill Cruikshank—Florida; Ken Poust—Caribbean cruise; Jim Nowlan—Florida. We hear via the partyline that Ben Jostes is headed thataway; and John Lace intends to leave for near Tampa about the end of the month and vows if the fishing is good he won't be back until June. The rest of us will just work away and hope we don't get too much snow. . . . We hear that Louie Ahner has moved his office to Oak Lawn and that Earl Wesselius has moved his office to Skokie where he will practice with a classmate. . . . Signs of spring—any year this time: E. J. Olivi working on his slice at Olympia Fields; Harry Kazen painting his boat; Joe Propati getting new grips put on his golf sticks. . . . Bill Hillemeier's boy is one of the star players on Thornton's basketball team, so Bill has seen his share of games this season. . . . Ernie Goldhorn, Jr. received treatment from Commander Ed Tharp at Camp Pendleton,

Calif. . . . Heard tell that Ed Scanlan recently purchased a new home in Beverly. . . . Frank O'Grady reports a couple of medical arts buildings under construction for any of you who may wish to move your office—one is near 79th and Damen and the other near 78th and Western. . . . Gus Rapp will be our speaker on the 11th of March. "Current Status of Dental Research" will be the topic for the evening. . . . Well, this is all from Paul Kanchier's boy Friday.—*Lawrence E. Lucas, Assistant Branch Correspondent.*

WEST SUBURBAN

Do you want to stay young? Do you desire to be a perennial student? Do you want every minute of daily practice to stimulate you to do better dentistry? You do? Here are some "do's" rather than "don'ts." Psychologists tell us that the negative approach to control and management of human behavior is incorrect and fruitless—and so let's accentuate the positive: 1. Do attend all branch meetings—scientific and otherwise. The education and re-education we obtain is tremendous. Constructive criticism of each other's viewpoints and practices makes for change, and change on a scientific background is progress! Do come to branch meetings! 2. Do return to formal classwork via postgraduate education. You'll return rich in ideas and with a sense of accomplishment—and a happier man. 3. Do spend leisure time in learning—in fields of all kinds. 4. Do take part in community life. Accept this not as a social responsibility but as a chosen leader. 5. Do practice what you preach! Your general health and oral health should be what you demand of your patients. 6. Do accept 100 per cent more work than you can accomplish—the busy man gets more things done quickly and efficiently. 7. Do earn the respect of the title "doctor"; who is teacher, student and learned man. . . . Your correspondent is proud to be a member of the West Suburban Branch.

(Continued on page 23)

NEWS OF THE BRANCHES

(Continued from page 18)

This is a progressive, dynamic group constantly striving to raise the standards of dentistry. Seldom have I seen men with so much zeal in undertaking a project and following through with admirable results. I like the questions raised at scientific sessions, the sincere criticism, the desire to learn, to change point-of-view, the flexibility and lack of dogmatic outlook. The neophytes of West Suburban Branch salute you—you men are an excellent example to emulate. . . . Did you note the large number of branch members who were essayists or clinicians at the Midwinter Meeting? Among many were Bill Vopata, Wayne Dunnom, Bob Atterbury, and the combine of Barber and Malone. . . . Dick Anderson and Les Butler invited Tom Barber to appear before the Hinsdale Utilities Commission to discuss the merits of fluoridation of the communal drinking water supply. To be brief—Tom con-

vinced 'em. . . . A. W. and Mrs. Campbell leave March 1 for Biloxi, points West, then to San Antonio. (Passports and visas to enter Texas have been obtained.) . . . Bill Starek reports he has completed one year of active duty with the Navy and plans to remain in the environment for the remainder of his hitch. . . . Bill Keehn, now practicing in Clarendon Hills, plans a trip to St. Louis to attend a dental study group. . . . James and Mrs. Kohout will attend the London wedding of their daughter, Marilyn, to Lt. H. K. Farrar, Medical Corps. Jim plans to drive to New York and then sail on the *Queen Mary* on March 29. The nuptials will take place the latter part of April. The Kohouts plan to return to the States about May 8th. . . . The Cicero Lions Club honored Past-President Irv Slaby last week at a testimonial dinner. . . . Have you read "Fluoridation in the Prevention of Dental Caries?" Get your copy from the ADA office. More of your patients are becoming interested in fluoridation, so be ready

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with the best and latest information. The pamphlet is not intended to be a complete treatise of all the available knowledge on the use and effect of fluorides. However, it will provide general information for the guidance of the dental profession in recommending fluoridation to city officials. The cost of the booklet is a few cents and can be read in one sitting (when a patient cancels). . . . Fortnightly hint: O. O. has done a magnificent job, how about an overt reward? . . . The annual clinic meeting has already taken good shape and will provide many interesting demonstrations. The clinics will be given at the April evening meeting. . . . Be kind to your correspondent. Write, 'phone or send smoke signals—I do want information for this column. 501 N. Franklin, River Forest, FOrest 9-9079.—*Anthony J. Malone, Assistant Branch Correspondent.*

NORTHWEST SIDE

SPRING—with its colds (among pa-

tients)—its occasional chirp from a bird and the talk among your fellow practitioners about golf—is "just around the corner." I am also reminded of it by the number of cards I received from the more fortunate, or wiser, boys who take time out to relax for a few weeks. Among these is Iver Oveson who has just returned from a three-weeks' tour of the West, including Phoenix—San Diego—Carmel-by-the-Sea—Los Angeles—San Francisco, etc. . . . Pete DeBoer took his family to Winter Park, Colorado, for some real skiing. Pete enjoyed it for a half a day until he involved his big toe while executing a slalom. He was glad to get his boots off! . . . Glenn Cartwright's fraternity duties have taken him to Emory University at Atlanta and Georgetown University in Washington, D. C. His next jaunt will be to visit the new Dental School at the University of North Carolina—at Chapel Hill, N. C. . . . A card from St. Paul has the names of Dan Klein, Henry Boris and Fred Ahlers, all attending the fine convention given there February 18. . . .

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One of the old timers who recently decided to give up his membership and leave dentistry for a nice soft life of ease and retirement, C. P. Janicki, is coming your way, Gus Tilley! It has been rumored he is Florida-bound. Enjoy it to the fullest, Chuck! . . . Our deepest sympathy is extended to Charles Frost in the loss of his mother. Charlie has just flown back from Atlanta, Ga., where services were held. . . . **TEN YEARS AGO:** Joe Gillmeister lost two parts of his anatomy. They were expendable items—a gall bladder and an appendix. These little nuisances kept him from attending the Midwinter meeting held at the Palmer House from February 23 through 26. The Nominating Committee chairman, Thad Olechowski, selected the following slate of officers for the coming year: Iver A. Oveson, president; Sam Goodfriend, president-elect. A name that keeps popping up continually is that of Fred Nannestad. That year he was a member of our local Board of Directors and wrote the publicity for the Midwinter Meeting. Fred has since affiliated with the North Suburban branch, but is often thought of around these parts. . . . Don't forget to date your best girl for Wednesday Eve, **MAY 14th, 6:30 p.m. Ladies' Night.** Tam O'Shanter Country Club is the spot. . . . The speaker for our April meeting will be Kenneth Austin; subject, "Full Dentures." Watch this column for more details!—*Folmer Nymark, Branch Correspondent.*

APPLICANTS

(Continued from page 19)

- DAVIS, THEODORE (Meharry 1951) Kenwood-Hyde Park, Ft. Leonard, Mo. Endorsed by Mack C. Tanner and Morris F. Virnig.
- DREBES, RAYMOND G. (U. of Ia. 1951) North Suburban, 221 Catalpa Place, Wilmette. Endorsed by J. H. Burrill and W. R. Cedar.
- FADUL, WILLIAM G. (Loyola 1951) North Suburban, 345 Walnut St., Northfield. Endorsed by Richard G. Handschu and George J. Matousek.

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- GIERING, WERNER (N.U.D.S. 1948) Englewood, 3154 W. 63rd St. Endorsed by Isaac S. Pomerance and Henry E. Fonjemie.
- GRIFFIN, JAMES H. (Loyola 1947) Kenwood-Hyde Park, 2734 E. 76th St. Endorsed by Frank H. Klepacki and A. R. Baralt, Jr.
- GRIZZELL, JOEL E. (St. Louis 1951) Northwest Side, Ft. Custer, Mich. Endorsed by Joseph F. Voita and S. J. Pacer.
- JACKSON, GLENN E. (N.U.D.S. 1951) Kenwood-Hyde Park, Lachland AFB, Texas. Endorsed by P. S. Barclay and A. R. Houlehan.
- LANFRANCHI, ROBERT P. (N.U.D.S. 1951) Northwest Side, U. S. Air Force. Endorsed by P. S. Barclay and A. R. Houlehan.
- OMORI, HARRY I. (Loyola 1950) North Side, 1722 N. Orchard St. Endorsed by Gerard J. Casey and M. V. Kaminski.
- ROSENSTEIN, SHELDON (N.U.D.S. 1951) North Side, 834 Belle Plaine Ave. Endorsed by Robert DeWolf and Paul H. Brown.
- SMEETON, JACK C. (U. of Ill. 1947) North Suburban, Great Lakes. Endorsed by Warren H. Lutton and S. J. Pacer.

NEWS AND ANNOUNCEMENTS

(Continued from page 15)

glasses and wigs. Those in business criticize the system because of the long waits which confront the individual before he gets medical service. Those not so well off accept the system because, in their words, they get some medical care now where before they could not afford any. They do not appreciate the enormous burden on the country, but will support it so long as the country has the money, or can get the money from others, to pay for it."

HENRY W. BERRY, SR. **1896-1952**

Dr. Henry W. Berry, Sr., a member of the Northwest Side Branch of the Chicago Dental Society, died January 26 of a heart attack while leaving his office. He practiced for more than thirty-three years at 2600 Fullerton Avenue.

Dr. Berry was graduated from Northwestern University Dental School in 1919. Surviving are his widow, Violet, and his son, Captain Henry, Jr. (also a dentist) of the air force.

CHARLES M. CASE **1872-1952**

Dr. Charles M. Case, a member of the North Side Branch of the Chicago Dental Society, died February 6. He was graduated from Northwestern University Dental School in 1906 and practiced dentistry on the north side of Chicago for over forty-five years.

Dr. Case was a life member of the American Dental Association, the Illinois State and Chicago Dental Societies. He is survived by his widow, Ted.

VERNAN T. DEUTSCHMAN **1915-1952**

Dr. Vernon T. Deutschman, a member

of the North Side Branch of the Chicago Dental Society, passed away February 6 in Hines Hospital. He was a 1940 graduate of the University of Illinois College of Dentistry and was a naval commander in World War II.

Dr. Deutschman is survived by his parents, Mr. and Mrs. Archie J. Deutschman; his widow, Mary; and a daughter, Anne.

HOWARD M. FISCHER

Dr. Howard M. Fischer, a member of the West Suburban Branch of the Chicago Dental Society, died December 24, 1951. He was a 1939 graduate of the Chicago College of Dental Surgery, Loyola University, and practiced in Forest Park.

CARL KABELL **1870-1952**

Dr. Carl Kabell, a Loop dentist for more than fifty years, died January 8 in Alexian Brothers Hospital. He was a member of the North Side Branch of the Chicago Dental Society.

Dr. Kabell, who came from Germany when he was a young man, was a life member of the American Dental Association, Illinois State and Chicago Dental Societies. He had no immediate survivors.

JAMES A. LARSEN **1882-1951**

Dr. James A. Larsen, a member of the North Side Branch of the Chicago Dental Society, passed away November 26, 1951. He was a 1908 graduate of the University of Illinois College of Dentistry.

Dr. Larsen is survived by his widow, Lucy B.; and three sons, James, Jr., William, and Seth.

EDWIN L. LONG
1878-1951

Dr. Edwin L. Long passed away November 11, 1951 in Miami Shores, Florida, where he had resided since he retired from practice in 1947. He was a 1905 graduate of the Chicago College of Dental Surgery, Loyola University.

DAVID W. PHILLIPS
1893-1951

Dr. David W. Phillips passed away on December 29, 1951 at his home in LaJolla, California. He graduated from Northwestern University Dental School in 1916 and joined the Society the same year.

Dr. Phillips was a well known essayist and clinician and appeared on many of our Midwinter Meeting programs. He is survived by his daughter, Mrs. James C. Reed, of Vista, California.

LAWRENCE B. MURPHY
1880-1951

Dr. Lawrence B. Murphy, who was a life member of the American Dental Association, Illinois State and Chicago Dental Societies, passed away in October, 1951, in McHenry, Illinois. He was graduated from the University of Illinois College of Dentistry in 1907.

WALTER ROE
1893-1952

Dr. Walter Roe, a member of the North Side Branch of the Chicago Dental Society, passed away February 9. He was graduated from Northwestern University Dental School in 1915 and was a World War I veteran.

Dr. Roe is survived by his mother, Mrs. Rachel Roe; a sister, Mrs. Eleanor Samolsky; and three brothers, Raymond, Bernard T., and Dr. Arthur.



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THE PUBLIC RELATIONS FACTOR IN COLLECTING BILLS

(Continued from page 9)

doctor and the profession in general. It should be remembered, however, that the number of accounts requiring collection agency attention can be reduced materially, probably 50 per cent or more, by proper attention to the doctor's accounts receivable problem in his own office. In summarizing these observations of a county medical society executive, we may make the following observations. The manner in which financial transactions are handled between doctor and patient vitally affects medical public relations, and the primary responsibility for this problem relates to the doctor's own office. Failure to recognize the importance of this problem and lack of attention to the business side of medical practice account for much of the bad public relations growing out of charges for medical care.

Fifty per cent, or more, of the medical accounts submitted for collection can be disposed of more satisfactorily at the source. The choice of a proper collection service is extremely important, when outside collection assistance is clearly indicated. Professionally controlled bureaus, particularly those rendering multiple business services, have demonstrated their public relations value to the profession, and their number is increasing. County societies have also found it possible to

work out satisfactory arrangements with acceptable private agencies or bureaus to handle collections and render other services in an ethical manner; an independent commercial collection agency should be very carefully selected when neither of the two preferred types of business services is available.

In conclusion, may I submit these recommendations: first, that the American Medical Association use its facilities more effectively to educate all members of the profession about the Public Relations factor in bill collecting and that it provide from Chicago, through the proper department or bureau, greater practical assistance to county societies that are interested in organizing specialized business services that are adapted to the needs of the profession; second, that state associations, through their journals and other media for influencing professional attitudes, give more attention to the public relations factor in collection methods and that they stress the importance of this subject; and third, that county societies become more alert to the economic aspects of medical practice and that they explore the possibility of solving, by group action, some of the business problems that are vitally related to the preservation of good public relations, particularly in the area of collections.

It is my opinion that the public relations factor in collecting doctors' accounts is of sufficient importance to warrant more careful consideration on all three levels of organized medicine.

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